

FILED MAR 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5782

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 294 | | PRIMARY REG. DIST. NO. 3056 | | Registrar's No. 52 | |
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Township 0889</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Orbie</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>Duvall</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1950</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Apr. 13 1890</u> | |
| 9. AGE (In years last birthday) <u>59</u> | | 10. MONTH <u>10</u> | | 11. DAY <u>7</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Mo</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>James T. Duvall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Belle Givens</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pearl</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Duvall</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage (gastric)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>151X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 1948, to 2-20, 1950, that I last saw the deceased alive on 2-20, 1950, and that death occurred at 6:10 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. T. Whitaker D.O.</u> (Degree or title) | | | | 23b. ADDRESS <u>Moberly, Mo</u> | | 23c. DATE SIGNED <u>2-22-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb 22 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near Moberly Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>2-22-50</u> | | REGISTRAR'S SIGNATURE <u>Paul Whisenand Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u> ADDRESS <u>Moberly Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 27 1950

District Health Officer No.

Sanitary Officer No. 250-

Date Filed FEB-27-1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Frank B. DeWitt

Signed _____
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.